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# APPLICATION

**TRAINING & EDUCATIONAL EVENT (CTEE) ACCREDITATION****Version 3.1. 2021**

## SECTION 1: Provider Name and Address Details

|  |  |
| --- | --- |
| Title of CTEE: (*in English language*) |  |
| Title of CTEE: (*in national language*) |  |
| Provider(s) / institution(s) name: |  |
| Address line 1: |  |
| Address line 2: |  |
| Address line 3: |  |
| Town / City: |  |
| Country: |  |
| Name of person completing this document: |  |
| Contact email: |  |
| Website URL: |  |
| Date of CTEE: | dd / mm / yyyy **to** dd / mm / yyyy |

Click on smaller blue box. Find file location of signature and press insert or simply copy and paste signature into box



Electronic Signature of institutional representative

name

Position

## SECTION 2: Accreditation Criteria

All criteria marked with **(E)** are deemed as essential and omission will result in the application being returned to the applicant.

*Unless otherwise stated all responses are limited to 1000 characters*

#### Section 2.1: Aims of the Training & Educational Event

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| --- |
| a. Provide a short description of CTEE: **(E)** |

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| --- |
| b. Aims of the CTEE: **(E)** |

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| --- |
| c. Background and development of CTEE including responsiveness to specific contexts and needs: |

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| --- |
| d. Is this application for a one-off event or will it be repeated? (if so please give details) |

#### Section 2.2: Details of the Providing Organisation

|  |
| --- |
| a. Short description of providing organisation (s): **(E)** |

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| --- |
| b. Mission of providing organisation |

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| --- |
| c. Name (s) and short details of Coordinator(s) / organiser(s) / organising committee: |

#### Section 2.3: Training & Educational Event Content

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| --- |
| a. What is expected in terms of the attendee’s participation? |

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| --- | --- | --- | --- |
| b. Participant's workload | Number of days | Contact hours **(E)** | Self-study hours |
|  |  |  |

|  |
| --- |
| c. Please provide, as appendix or web link, a detailed PROGRAMME of the CTEE. **(E)** |

|  |
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| d. CTEE Learning competences / objectives ("*what the participant is expected to know and be able to do at the end of the CTEE*") - please use list format: **(E)** |

|  |
| --- |
| e. Educational / pedagogic / teaching / training methods: **(E)** |

|  |
| --- |
| f. How are the competences, identified above, formally or informally assessed: |

|  |
| --- |
| g. How will the participants be encouraged to reflect on the training given? **(E)** |

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| --- |
| h. How will participants be encouraged to incorporate the training into their professional practice? **(E)** |

|  |
| --- |
| i. Type of certification offered at the end of CTEE: **(E)** |

|  |  |
| --- | --- |
| j. Certification issuer: **(E)** |  |

|  |
| --- |
| k. Is the certification recognised by national or international bodies? (*If yes provide details*) |

#### Section 2.4: Participants

|  |  |
| --- | --- |
| a. Target Group: **(E)** |  |

|  |  |
| --- | --- |
| b. Number of Participants: **(E)** |  |

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| --- |
| c. Admission criteria: |

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| --- |
| d. Policies or guidance on equal opportunities: |

#### Section 2.5: Human Resources and Staffing

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| --- |
| a. Training & Educational Faculty *(****Complete appendix A****)***(E)** |

|  |
| --- |
| b. Please provide short bio-sketches / biographies for the faculty identified above highlighting how their skills match their roles (these can either be attached with appendix A or submitted separately or through weblinks). |

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| c. Provide a short description of support (non-teaching) staff involved: |

#### Section2.6: Budgeting and Facilities

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| a. Overview of how CTEE is financed in percentages (sponsorship, fees, etc) *specific budgetary amounts are not required* **(E)** |

|  |
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| b. Are there any conflicts of interest connected with the funding arrangements? (*If yes please provide detailed information*)Please complete declaration **(E)** |

|  |  |
| --- | --- |
| c. Please provide a description of the following resources: **(E)** | |
| Workspace & facilities |  |
| Materials provided to participants |  |
| Access to online databases, literature & Materials |  |

#### Section 2.7: Internal Quality Management

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| --- |
| a. Provide a short description of the internal review process before the event takes place |

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| --- |
| b. Provide a description of how the evaluations be used after the CTEE? **(E)** |

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| c. If this CTEE has been administered previously please provide (if available) any feedback received as an appendix and describe here what was done with that feedback in terms of internal processes and change. |

## 

**APPENDIX A: Training & Educational Faculty used**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training & Educational Faculty | | | | |
| # | Title | Name | Qualifications\* | Hours contributed |
| 1 |  |  |  |  |
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\* qualifications can include academic qualification, such as PhD but also should include practical or "in service" qualifications (experience) for example, 20 years regional director for health services.

## SECTION 3: Declaration of Accuracy

Declaration by the provider organisation. Please sign electronically or scan and return complete application to: office@aphea.be.

**RE: Training & Educational Event (CTEE) Accreditation application from** *enter provider(s) name,* **regarding the accreditation of the** *enter event title*

Please find herewith an invitation to the Agency for Public Health Education Accreditation (APHEA) to initiate the accreditation process for the above referenced event. I/we testify that the information given in this application is true and accurate.

ADDITIONAL: We are willing for APHEA to use the information\* provided within this application for:

|  |  |  |
| --- | --- | --- |
| a. Assisting other programmes to understand the process | yes | no |
|  |  |  |
| b. Research purposes to continually improve the criteria | yes | no |

Kind regards,

|  |  |
| --- | --- |
| *Signature* |  |
| *Name* |  |
| *Position* | Click on smaller blue box. Find file location of signature and press insert or simply copy and paste signature into box |
| *Institution* |  |

\* All information will be made anonymous and all personal data protected.

**Agency for Public Health Education Accreditation**



Avenue de Tervueren 153,

1150 Brussels, Belgium

email: office@aphea.be

http://www.aphea.be

## SECTION 4. Conflict of Interest Declaration

To be completed and returned by organiser(s) or organising / scientific committee members. (this only applies to organisers or organising committees and not the presenters/trainers etc)

APHEA has a duty to avoid real or perceived conflicts of interest. The potential for a conflict of interest arises when one's duty to make decisions in the public's interest is compromised by competing interests of a professional, personal or private nature.

|  |  |  |  |
| --- | --- | --- | --- |
| Print name: |  | | |
| Role in applied event: |  | | |
| I have potential (or actual) conflicts of Interest to declare: | | yes | no |

*If no please sign and return, if yes please complete the following:*

I have the following potential or actual conflicts of interest:

|  |  |  |
| --- | --- | --- |
| **Financial** (includes any financial arrangements such as sponsorship, per diems, fees, grants, shares or stock. Also includes these arrangements with any close personal/partners) | yes | no |
| *Please give details:* |  |  |
| **Personal** (includes any personal relationships with the sponsor) | yes | no |
| *Please give details***:** |  |  |

|  |  |
| --- | --- |
| SIGNATURE: \* |  |
| DATE: | dd / mm / yyyy |

\* Click on smaller blue box. Find file location of signature and press insert or simply copy and paste signature into box - alternatively print this document, complete and then scan and attach.

Please attach this / these declarations to the application.